MARRIAGE AND FAMILY THERAPIST (MFT) STANDARD WRITTEN EXAMINATION

The WET Division announces a limited number of slots available, at a discounted rate, for the MHSA WET- funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

Through the Association for Advanced Training in the Behavioral Sciences (AATBS), the following study package is now available:

AATBS MFT Written Combo Package Includes:
- Two Comprehensive Study Volumes
- Three strategy CD's
- TestMASTER – 5 full length online practice exams with 4 months access time
- Expert Phone Consultation – one on one assistance available with exam experts
- Live 1-Day Workshop – 8 hours of instruction covering exam content and strategies

Retail Value: $514   MHSA-WET MFT Standard Written participant price: $50

Visit www.aatbs.com for more details about the package.

MFT Written Workshop date and location for March:
Chatsworth: Sunday, March 18th, 2012 (8am – 5pm PT)
(Phillips Graduate Institute – 19900 Plummer St., Chatsworth, CA 91311)

**** Limited space available.   Application deadline: February 24, 2012

*****Mandatory attendance to the Live 1- Day Workshop is required for all MHSA-WET MFT Standard Written participants.**

Take advantage of this opportunity today!

Eligibility:
- Must be in good standing with current employer; no disciplinary action within the last year
- Approved by the licensing board to take the licensure examination
- Must have completed the required supervision hours
- Currently providing a minimum of 65% of their time in <u>direct clinical services</u> in public mental health

Priority will be given to clinicians who meet at least one of following criteria:
- If applicable, licensure waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the MFT Standard Written Examination

INSTRUCTIONS:
1. Please **scroll down** for the application form. Application form must be completed and faxed to Anna Perne, LCSW, at (213) 252-8775 or (213) 252-8776 by **February 24, 2012.**
2. Once approved, an e-mail confirmation will be sent to participants.
3. Participants will be given a phone number to register and pay the non-refundable fee of $50 by VISA, American Express or MasterCard to AATBS.
4. AATBS will register the participants for the requested workshop and the study package will be mailed to the address provided on the application when payment is received.

CONTACT: Anna Perne, LCSW, E-mail: aperne@dmh.lacounty.gov

MARRIAGE AND FAMILY THERAPIST (MFT) STANDARD WRITTEN EXAMINATION

Print Only

TITLE: **LPP: MFT STANDARD WRITTEN EXAMINATION**

DATE(S):

FIRST NAME:

LAST NAME:

JOB TITLE:

DISCIPLINE:

ETHNICITY:
(optional)

AGENCY:

PROGRAM:

MAILING ADDRESS FOR STUDY PACKAGE:

CITY:

STATE:

ZIP

PHONE#:

E-MAIL:
(required for information)

LANGUAGE(S) FLUENCY, OTHER THAN ENGLISH**: _____**

Service area of employment, please circle   1   2   3   4   5   6   7   8

Have you taken the MFT Standard Written
Examination previously?   please circle   yes   no

If applicable, expiration date of licensure waivered status with employer**: _____**

_____ is currently in a job position providing a minimum of 65% of his/her time in direct

Name of Applicant   (Print)

clinical services in public mental health and is currently in good standing with his/her employer with no disciplinary action within the last 12 months. The applicant also successfully completed the required supervision hours and is approved by the board to take the MFT Standard Written Examination.

_____ agrees to follow the following terms and conditions:

Name of Applicant   (Print)

- Completes the licensure preparation program by attending the <u>mandatory workshops</u> and participates in all the offerings of the program.
- Provides Workforce Education and Training (WET) Division examination results and any other information relating to employment and promotional status.
- Understands that the <u>mandatory workshops</u> are to be taken <u>on his/her own time.</u>

When approved by the WET Division, participant must register and pay the non-refundable discounted fee of $50 by VISA, American Express or MasterCard. (Contact name and number for registration will be given for those individuals who are approved.)

Return Application to:
Anna Perne, LCSW
WET Training Coordinator
Fax: (213) 252-8775 OR (213) 252-8776
E-mail: aperne@dmh.lacounty.gov
Phone: (213) 251-6422

_____ _____
Signature of Applicant   Date

_____ _____
Signature of Supervisor   Date

_____
Name of Supervisor / Phone Number

_____
Email Address of Supervisor